

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Andrew Sepulveda

(In the space above enter the full names(s) of the plaintiff(s).)

-against-

Detective TONN GERBASIO shield #1463
PO. Christopher P. mauer
Nassau County
Nassau County Police Department

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Address should be included here)

I. Parties in this Complaint

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Andrew Sepulveda
ID# 16A1024
Current Institution D.C.F.
Address Box E, Fishkill, NY 12524

- B. List all defendants' names. Positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of papers as necessary.

Defendant No. 1 Name Nassau County Shied # _____
 Where Currently Employed _____
 Address _____

Defendant No. 2 Name Nassau County Police Headquarters Shied # _____
 Where Currently Employed _____
 Address Mineola

Defendant No. 3 Name Detective Todd Gerbase Shied # 1403
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name P.O. Christopher P. Mauer Shied # unknown
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shied # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claim. Do not cite any case or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? happened
at ~~the~~ unlawful seizure of life & liberty
- B. Where ~~in the institution~~ did the events giving rise to your claim(s) occur? corner
of Long Beach Rd + Merrick Rd Oceanside NY Exxon Mobile gas station
- C. What date and approximate time did the events giving rise to your claim(s) occur? Feb 11th
8:00-8:15 PM 2018

D. Facts: Racially Profiled as a Hispanic or African American selling Drugs I believe I was sitting with the mother of my child on a curb minding my own business when the Defendant Flew up on myself & her while quietly sharing a cigarette minding our business & not causing any disturbance of any kind when they exited the vehicle & where on myself & "BM" Babies Mother for short, they did not have any probable cause to search us put hands on self & if they was gonna search her there was supposed to be a female officer present for that. The officer & Detective violated my ~~fourth~~ Fifth Amendment & Fourteenth Amendment Rights as per Constitution & violated same for my BM after they ran our pockets & found her medication she was prescribed and unlawfully detained the forcefully put handcuffs on us & Damage our psyches & myself physically which I can prove thru medical records from the jail I am now taking an increased dose of medication that is addictive & am on stronger psych meds cause of there Racial Profiling

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Mental Distraction, Taking Anti Psychotic medication cause can't function why I am even here, Nervotin for the Damage Done to my wrists & emotional degradation cause I was labeled a fool in front of my BM cause I couldn't stop the officer from patting my Babies Mother

IV. Exhaustion of Administrative Remedies:

The Prisoner Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any or Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were Being wrongfully Detained ~~confined in a jail, prison, or other correctional facility?~~
 Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

NASSAU COUNTY CORRECTIONAL CENTER

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes X No _____ Do Not know _____

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all your claim(s)?

Yes _____ No X Do Not know _____

~~If YES, which claim(s)?~~ Happened During Arrest

D. Did you file a grievance in the jail, prison, or other facility correctional where your claim(s) arose?

Yes _____ No X Fileing now on Grand's Arrest
was on test

If NO, did you file a grievance about the events described in this complaint, where did You file the grievance?

Yes _____ No X

X If you did file a grievance, about the events described in this complaint, where did you file the Grievance?

1. Which claim(s) in this complaint did you grievance _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to The highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reason why you did not file a grievance, state them here: Can't
file A grievance cause In fear of Reprimand
Being put under the jail

2. If you did not file a grievance but informed any official of your claim, state who you informed, when and how, and their response, if any: Don't know who to
talk to Tried But got no where

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Spoke with medical Admin About
what I can do About pain was told nothing
can happen till my release

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

All Document Are In medical
Folter need It Supenada

State what you want the Court to do for you (including the amount of monetary compensation, if any, That you are seeking and basis for such amount).

Reverse of sentence
& dropped In Docket 7-17-2019 OR-03798-18NA
Detective & officer put on Admin leave w pay
or not I'm not cruel & About 90-100,000
US Dollars for the violation of my Rights as A
Human Being, And Being A Decent Born US citizen
Pay Aiso A physical therapist for help Rehabilitating
my hands if that's even possible

VI. Previous lawsuit:

On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No /

- B. If your answer to A is yes, describe each lawsuit by answering questionings 1 through 7 below. (If there is more than one law suit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district, if state court, name the county) _____

3. Docket or index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

7. What was the result of the case? (For example: Was the case dismissed? Was there Judgment in your favor? Was the case appealed? _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No /

- D. If your answer to C is Yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, Using the same format.)

1. Parties to previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district, if state court, name the county) _____
3. Docket or index number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes _____ No _____
7. What was the result of the case? (For example: Was the case dismissed? Was there Judgment in your favor? Was the case appealed? _____

I declare under penalty of perjury that the forgoing is true and correct.

Signed this 22 day of May, 20 18.

Signature of Plaintiff [Signature]
Inmate Number 16A1024
Institution Address PO BOX Red School House
Road FISHKILL NY, 12524-0419

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.


I declare under penalty of perjury that on this 22 day of May, 20 18, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

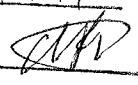
Signature of Plaintiff [Signature]

5/21/18

To ; whom it may concern

i am writing you this letter for an extension of th 90 day grace peroid
also find enclosed a copie of the the orginal claim and a responspe
back for the supreme court clerk stateing that i dent the paper work
to the wrong court and they ssaid they sent me a booklet on how to
file a claim and i guess the didnt enclose the booklet im gunna need
to send for it i guess but i just want that tñ be know that its in th
e works


sincerly
andrew sepulveda
16a1024

SWORN TO BEFORE ME
THIS 22 DAY OF MAY
20 18

NOTARY PUBLIC

WILLIAM R. NASTASI
NOTARY PUBLIC, STATE OF NEW YORK
REG. NO. 01NA6290044
QUALIFIED IN DUTCHESS COUNTY
COMMISSION EXPIRES 10-07-21

Priedors
Claim

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF NassauIn the matter of the claim of: AndrewSepulveda

Against

NOTICE OF CLAIM

[] Village [] Town ☒ City [] County of NassauOceanside

Please take notice that the claimant herein herby makes claim and demand against you as follows:

1. The name and post office address of the claimant and of his/her attorney is:

Claimant

Address 90 Oglethorpe Apt 1
RVC 11570

Address NCCC 100 E. Main Ave
2 E. Main NY 11554

Claimant's Attorney

Steven Burrell
666 Old Country Rd Ste 306
Garden City, NY 11536

2. The nature of the Claim:

Physical & emotional pain cruel & unusual
manner, no child, no proto call. Didn't
listen to my my pleas of pain to loosen Handcuffs
& now there is permanent damage to both
Hands, there after I asked again several times
to loose in Hand Cuffs

3. The time when, the place where and the manner in which the claim arose: The incident occurred on Feb 11 2018, at or about 8:15

☐ am ☒ pm,

Detective Todd Garbasio SHIELD #1453 & PO Christopher P.
Magner

4. The items of damage or injuries claimed are:

Physical injury & cruel & unusual
punishment ALSO there was no handle offered
there to check my girl friend and they had no
probable cause to search me or my girl friend

That said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this same.

Mr. Asefveda 1G1024
P.O. Box F
Red School House Road
Fish Kill, NY 12524-0445

Legal mail

PRO SE OFFICE

United States District Court
Southern District of New York
Daniel Patrick Moynihan United States Courthouse
500 Pearl Street Room 2308
New York, New York 10071

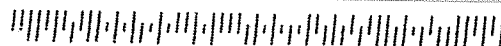
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CORRECTIONAL
FACILITY

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